Methods: Data were collected on 120 patients admitted with dog bites between March 2010 and April 2012. Analysis was undertaken using the SPSS package.
Results: Dog bites were classified into 'snap and release' (97 patients, 80.8%) or 'grip and retain' (23 patients, 19.2%). The history and clinical examination findings gave a forensic picture of the bite and dictated the lines of management. 'Snap and release' bites required conservative management (1%), secondary healing (11.3%), delayed primary healing (77.3%), skin grafting (2.1%), or local flap closure (2.1%). 'Grip and retain' bites have a statistically higher risk of wound infection (p-value 0.002 Pearson Chi-square). Such wounds should be left open at first look and re-explored at 24-48 hours with further bacteriological cultures.
Conclusions: The surgical approach to managing dog bites is determined by the history of either 'snap and release' or 'grip and retain' injuries. Notwithstanding the extent of intervention, wounds should be inspected at 24 or 48 hours to ensure that infection is under control.

0410: ASIT-PLASTA PRIZE WINNER: A PREDICTIVE GRADING SYSTEM FOR LENTIGO MALIGNA RECURRENCE

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Introduction: The pre-malignant skin lesion Lentigo Maligna (LM) progress to melanoma (LMM) in 5-15% of cases. Pathologists struggle with their assessment of whether LM margin are truly clear due to diagnostic confusion. We propose a quantitative novel approach to margin assessment using melanocyte count (MC) density to predict recurrence.
Method: All LM slides from a UK Pathology Department were retrospectively reviewed for MC at the margin versus recurrence. Seven secondary markers of dysplasia were additionally assessed.
Results: Dividing MC into three risk strata (0-20, 21-30 and $\geq$ 31 melanocytes) gave distinct groups with low (1%), intermediate (45%) and high (100%) risks of recurrence, respectively ($p<0.0001$). The false negative and positive error (low and high-risk groups) was $<1\%$ compared with 14% and 37% for Pathologist's who were also equivocal in 18% of cases. Secondary markers of dysplasia had no additional predictive ability.
Conclusion: The results show that MC is a strong predictor of recurrence and is significantly more reliable than pathologist's judgement. It can be used to accurately predict LM recurrence with a low, intermediate and high-risk grading system.

0443: ONE-STOP CLINIC USE IN PLASTIC SURGERY: OUR EXPERIENCE AND THE RESULTS OF A UK-WIDE NATIONAL SURVEY

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Introduction: One-stop clinics follow the objectives of the UK Department of Health's modernisation initiatives for plastic surgery and have been shown to be a more effective use of limited resources. Amongst other benefits they been shown to reduce waiting time for minor surgery skin cancer treatment and are preferred by patients.
Methods: Performance of a UK unit's one-stop clinic was evaluated using 18 week-wait target compliance, patient/doctor satisfaction and measures of departmental capacity/efficiency. A UK survey of other unit's use and views of one-stop clinics was also undertaken.
Results: One-stop clinic improved performance; 18-week wait none-compliance was reversed (form 80 to 95%), department capacity increased (>20%) and skin cancer-waiting times reduced. As with previous studies, benefits were shown in patient and training experience. 25% of UK units operate one-stop services for skin cancer, of those who didn't 42% offered no reason, 29% offered alternative services, 13% associated the use of such clinics with other specialties, 8% stated they had inadequate facilities, and 8% stated they were developing a one-stop clinic model
Conclusions: One-stop clinics are an underutilised and more effective use of NHS resources improving the quality and satisfaction associated with minor surgery skin cancer treatment in Plastic Surgery.

0480: IMPROVING PRESCRIBING IN PAEDIATRIC CLEFT SURGERY: DEVELOPING AN ONLINE ORDER SET

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Introduction: Concerns had been expressed within the Cleft Service regarding erratic and potentially unsafe prescription of discharge medications for paediatric patients following cleft lip and palate surgery. This had also been expressed by parents in patient feedback. We aimed to investigate the accuracy of current prescriptions and to improve the service through the development of an online order set.
Materials and Methods: Retrospective analysis of 38 consecutive cleft cases in children under 12 year old was undertaken. A 'Paediatric Plastic Surgery Discharge Medication' order set was subsequently developed and added onto the Electronic Patient Record (EPR) system. Re-audit of 30 consecutive cleft cases occurred after introduction of the order set at Clinical Governance meetings and after written advertisement.
Results: Initial audit noted 46% of patients were over-dosed and 54% under-dosed for paracetamol with 100% under-dosed for ibuprofen. 50% of patients received a course of antibiotics of inappropriate length. After introduction of the order set, 90% of patients received appropriate analgesia and antibiotics.
Conclusion: Prescribing for paediatric patients by regularly changing junior doctors without paediatric experience can be an area of concern and a potential risk for unsafe prescribing. Simplification of prescribing within an IT system enables uniformity and improvement of care.

0494: A FIVE YEAR EPIDEMIOLOGY AND COST ANALYSIS OF ELECTRICAL INJURIES SUSTAINED FOLLOWING COPPER THEFT AT A WELSH CENTRE FOR BURNS AND PLASTIC SURGERY

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Introduction: The high voltage electrical burns sustained following copper theft can cause marked functional disability and comorbidity. We review the epidemiology, nature of burn injury and treatment cost of patients presenting with burns following copper theft at our regional burn centre.
Method: Data was collected retrospectively from case notes of all the patients presenting with a history of or suspected of copper theft from 2007-2012 at the Welsh Centre for Burns and Plastic Surgery.
Results: 6 patients, exclusively male(mean age=30 years) presented presented to our unit. Mean total body surface area involved was 7.7 %(range=1-30).Almost all had burns to upper limb region in addition to other areas.50% had mixed depth burns.83% were managed conservatively and 16% required emergency fasciotomy. Average hospital stay was 6.1 days(range 1-14).The total cost of treatment of all the patients was 62,633 with average cost of 10,438 per patient.
Conclusion: High voltage burn injuries should be excluded in all male patients presenting with unexplained mechanism of injury especially to upper limbs. Management of these injuries has had a significant financial impact on our regional burn unit resources. Copper theft injuries are preventable, hence community plans and public awareness is fundamental to reduce the incidence of these injuries especially in areas of low socio-economic prevalence.

0496: MITOTIC RATE AND CLINICO-PATHOLOGICAL PARAMETERS ASSOCIATED WITH A POSITIVE SENTINEL LYMPH NODE BIOPSY IN MALIGNANT MELANOMA

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Aims: To review the surgical management of patients with malignant-melanoma treated at a tertiary referral centre over a 5-year period, with specific emphasis on the use of SLNB, and to determine what clinic-pathological features are associated with histological SLN positivity with specific emphasis on tumour mitotic rate.
Methods: Data was collected on consecutive patients undergoing excision of a malignant-melanoma (Breslows depth $\geq$ 1mm) at SVUH from December 2006 to 2011. Patient demographics and tumour clinic-pathological parameters were examined including site, histologic subtype, breslow-depth, ulceration, lymphovascular invasion (LVI), mitotic-index and SLN histology.
Results: 217 patients (112 male, 105 female) underwent primary excision of malignant-melanoma > 1mm. The median patient age was 64 years (19-98). The most common histology was nodular (52%). Mitotic-index was increased in thicker melanomas ($p=0.001$) and also increased with patient